

the world against Polio. Rotary's efforts in conjunction with the WHO, CDC and UNICEF have nearly eradicated the disease, reducing worldwide incidence from 350,000 cases in 1988 to 1,266 cases in 2004. By the end of 2005, PolioPlus will have donated over \$500 million to this remarkable effort. Since its inception in 1947, the Rotary Foundation has awarded over \$1.1 billion in humanitarian and educational grants, focusing on international humanitarian service programs and educational and cultural exchanges.

The scholarship program established by Rotary International is the largest privately-funded source of international scholarships in the world. Through this program, 8,000 secondary school students have studied abroad, 35,000 students have participated in the Rotary Ambassadorial Scholars program, and 46,000 young professionals have explored careers in other countries.

Next month, over 37,000 members representing 150 countries will attend the 2005 Centennial Rotary International Convention in Chicago as apart of the greatest celebration in Rotary's history. On behalf of the people of Chicago, I would like to welcome these members to the birthplace of their organization.

Madam Speaker, I congratulate Rotary International and all of its members worldwide for their impressive accomplishments over the past one hundred years in the areas of community service, Polio eradication and international exchange. I look forward to another hundred years of commendable service to the country and the world.

HEALTH INSURANCE CRISIS

SPEECH OF

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 3, 2005

Mr. KENNEDY of Rhode Island. Mr. Speaker, I rise today in the hopes that this day might mark a turning point for our nation's health care. I'm proud to join my friend from Pennsylvania and my co-chairman of the House 21st Century Health Care Caucus, Mr. Murphy, in introducing the 21st Century Health Information Act.

Mr. Speaker, we politicians love to say that we have the best health care system in the world. It's true that we have the best medicine in the world, practiced by the best people in the best facilities. But the system we have makes it harder rather than easier to deliver the best care at the lowest cost.

The status quo is not sustainable. Hundreds of Americans die every day as a result of preventable errors or health care-acquired infections. Nearly half the time, patients aren't given recommended care. Doctors and other providers face extraordinary bureaucratic demand that, coupled with tightening reimbursement rates, leave them with less time to—treat patients. Administrative costs consume 30 cents on the health care dollar. Duplication, inefficiencies, and unnecessary care result in some regions of the country spending 60% more than others on Medicare, on a risk-adjusted basis, with worse health outcomes and patient satisfaction.

Whether you're worried about Medicaid, access to prescription drugs, malpractice pre-

miums, the uninsured—you name it—the trend lines are going in the wrong direction because we aren't set up to get the best possible health outcomes at the lowest possible cost.

We are living in the information age, and information technology is the underpinning of any effort to improve the long-term quality, safety, and efficiency of health care. And that's why I'm hopeful that the legislation we introduce today will begin the much needed transformation of health care.

Today can be the beginning of the end of us having to fill out that confounded clipboard every time we go to the doctor.

Today can be the beginning of the end of the 150 million calls pharmacists make to doctors every year to clarify handwriting on prescriptions.

Today can be the beginning of the end of the bureaucratization of the practice of medicine, letting physicians get back to what they love, and what we need them to do: take care of patients.

And today can be the beginning of the end of seeing hundreds of thousands of Americans die unnecessarily because our system isn't set up to deliver the safest, most effective care despite the best efforts of doctors and nurses.

This bill is the first bipartisan legislation that addresses some of the systemic obstacles that have hindered the movement of health care into the information age. It is based on a regional approach, catalyzing a process that will bring together providers, patients, health plans, employers—all stakeholders—locally to do three crucial things: first, figure out how to collaborate on getting IT into physicians' hands; second, build a secure, confidential health information network to allow information to be shared as appropriate and authorized; and third, begin coming up with strategies to use the new information capabilities to make sure we get the right care to the right people at the right time as efficiently as possible.

This bill will make sure that the federal government, in addition to getting the process rolling with grants, carries its own weight as a stakeholder in every community. And it takes down existing barriers by accelerating the process of standards adoption to ensure that information can be exchanged across platforms and creating narrow safe harbors in the Stark Act and anti-kickback law.

A key to making this work, Mr. Speaker, is ensuring that privacy is a key priority as we move into an electronic medium. Electronic health records can be significantly more secure than paper records. Unlike with paper, we can create audit trails so we know whenever someone accessed a record. We can set up authentication systems to ensure that people are only able to access the parts of records that they need to see. While people understandably worry about security breaches and hackers, it's a lot easier to limit unauthorized access to electronic records than paper records that are passing through countless hands as they are filed, copied, faxed, transcribed, or simply left lying around. We can and must ensure that privacy and security are paramount as these systems are designed.

It is also important to note that under this bill, no physician will be required to implement anything unless he or she wants to. Physicians will have a key decisionmaking role in deciding how networks will be structured and what information will be shared. The bill does not require the use of a common platform or

product but accelerates the development of interoperable electronic medical records and other products so physicians can choose products that are right for them. Well-designed systems should simplify physicians' compliance with HIPAA, not expand their potential liability, and should give doctors new tools to streamline billing, eligibility checks, patient tracking and notification, and public health and quality reporting.

We received a vast amount of help an input on this legislation from too many quarters to mention individually. I would like to single out, however, a distinguished former colleague of ours, Speaker Newt Gingrich. He has been a terrific supporter of this legislation, and I know both the gentleman from Pennsylvania and I are grateful for his help and that of his staff.

Mr. Speaker, with the President's support for health IT, with David Brailer and Secretary Leavitt laying out a vision that's very similar to this bill, with our colleagues in both the House and Senate increasingly interested in health IT, we are poised to finally begin the belated transformation of our health care system.

Each of us, whether as patient, provider, taxpayer, or health care bill-payer, desperately needs to see our health care system to produce better value for the dollar. The stakes are enormous and I look forward to working with my colleagues to see that we meet this challenge, starting today. Thank you.

HOLOCAUST REMEMBRANCE DAY

SPEECH OF

HON. PETER J. VISCLOSKEY

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 5, 2005

Mr. VISCLOSKEY. Mr. Speaker, I rise today in observance of Holocaust Martyrs, and Heroes Remembrance Day. Known as Yom Hashoah in Hebrew, this solemn day commemorates the anniversary of the beginning of the Warsaw Ghetto uprising. This year is of particular import, as it marks the 60th anniversary of the liberation of Nazi concentration camps. I join my distinguished colleagues in remembering the victims of the Holocaust while vowing that such a horror shall never again take place.

In remembering the six million victims of the Holocaust, we must recommit ourselves to fighting against the evils that led to the Holocaust; anti-Semitism, racism, bigotry, and intolerance. This commitment requires that we tell the story of the Holocaust to our children and grandchildren. We owe nothing less to the survivors and to the brave men who fought to liberate the Ghettos and the death camps.

I rise also to condemn the rising tide of anti-Semitism around the globe and to demonstrate the United States' lasting commitment to the elimination of such bigotry and ignorance. It is essential that each and everyone of us takes action to prevent such atrocities and vigorously pursues justice for the victims of acts of hatred and inhumanity. The crimes against humanity that were perpetrated by the Nazis must never be forgotten, lest we allow such evil to spread again.

We must also remember the handicapped, homosexuals, gypsies, political dissidents, and even Poles who were murdered in the Nazi "Final Solution," simply for being different. The